

STATE OF MAINE

**STATE BOARD OF
EXAMINERS OF PSYCHOLOGISTS**

APPLICATION FOR LICENSURE

- **PSYCHOLOGIST**
 - **TEMPORARY PSYCHOLOGIST**
 - **CONDITIONAL PSYCHOLOGIST**
 - **PSYCHOLOGICAL EXAMINER**
- **TEMPORARY PSYCHOLOGICAL EXAMINER**
- **CONDITIONAL PSYCHOLOGICAL EXAMINER**



Department of Professional and Financial Regulation

Office of Licensing and Registration
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8600
TTY/HEARING IMPAIRED (207) 624-8563
Office located at: 122 Northern Avenue, Gardiner, Maine
Email: linda.d.duffy@maine.gov

APPLICATION INSTRUCTIONS

The Board of Examiners of Psychologists requires that all supporting documents and fees be submitted with the filing of your application with the exception of the exam scores. The exam scores must be sent to this office directly from the Testing Company. Your application will be considered incomplete and will be returned if supporting documents and/or fees are omitted. Documents that have been modified or altered in any way will not be accepted.

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for each application filed with this office.

Public Law Chapter 401, sec. W-1, amends Title 25 §1541, sub-§6 to allow the State Bureau of Identification to charge a fee to government organizations for services provided. As of October 1, 1999 all criminal background checks of individuals are subject to a fee as determined by the Commissioner of Public Safety, which shall be \$15.00 as of May 1, 2003.

Listed below is a listing of requirements to apply for a Maine Psychologist or a Psychological Examiner License. Please be advised that this is informational and does not preclude you from reviewing [applicable Board laws](#) and [02-415 State Board of Examiners of Psychologist rules](#).

PLEASE READ THE FOLLOWING CAREFULLY

Please be aware that the Board's Independent Consultant will review your application and supporting documents. **You must forward your application and documents to THIS OFFICE, please do not send your application directly Dr. Mills.** Questions about the application process must be directed to the Board's Clerk at 207-624-8600. Questions regarding licensing requirements must be directed to:

David Mills, Ph.D.
P.O. Box 108
Little Deer Isle, ME 04650
Telephone: (207) 348-6837

Once your application has been reviewed and approved by the Board, you will be notified of the next step in the licensing or examination process. The review process can take up to three-(3) months time. Applications are processed as quickly as feasibly possible. Please plan accordingly.

Please be reminded that you may not practice psychology in Maine until such time as you have been approved and receive your Maine Psychologist or Psychological Examiner license.

ALL PERSONS APPLYING FOR A MAINE LICENSE MUST TAKE AND PASS AN ORAL EXAM BEFORE THE BOARD

Once your completed application has been reviewed and approved by the Board, you will be sent an application to take the oral exam. You need to complete the oral exam application form and return it to the office. Oral exams are given on first come, first serve basis. Although we attempt to schedule applicants as quickly as possible, however, it could take anywhere from 2 to 6 months to be scheduled. Generally, oral exams are administered on the same day as a board meeting, which is typically the first Tuesday of each month. This is provided to you as informational, please do not simply appear at a meeting and expect to take the oral exam if our Office has not scheduled you. Oral exams are conducted in closed session and are not open to the public.

The oral exam fee is \$50.00. If you fail the oral exam you will be required to pay a re-examination fee of \$50.00 as described in the rules.

You will be informed of your exam result on the day you are examined. If you pass the exam you will have an opportunity to pay your initial license fee of \$300.00 for the first half of the licensing biennium or \$150.00 for the 2nd half of the biennium.

ORAL EXAMINATION COMPONENTS

Professional Practice

Issues that the Board addresses under Professional Practice include a review of the candidate's educational background, theoretical orientation, internship and work experiences, as well as current or future plans for the practice of psychology. The Board may question the candidate on the Standards of Practice, issues of peer review, continuing education requirements, supervision and areas of competency and limitations in practice.

Ethics

The Board will provide a number of examples of ethical situations that may arise in the practice of psychology. The candidate will be asked to provide a possible solution to the situation and identify the ethical considerations that guided him or her to that solution. The candidate must be familiar with the American Psychological Association (APA) Code of Ethics, and the Association of State and Provincial Psychology Boards (ASPPB) Code of Conduct and how an ethical complaint is filed, both with these organizations and with the Maine Board of Examiners of Psychologists. Information about the complaint process for the Board is attached.

Maine Laws and Rules

Candidates seeking licensure are required to have a knowledge of the Laws and Rules that regulate the practice of psychology in Maine. This area of the examination includes questions about the two levels of licensure in psychology in Maine, privileged communication, mandatory reporting laws and responding to subpoenas and other demands of the court. For doctoral candidates who seek to identify themselves as clinical psychologists they will be queried on the commitment procedures in the State of Maine.

| |
|--|
| SUGGESTED REFERENCE MATERIAL FOR THE ORAL EXAM |
|--|

The following Maine Statutes are applicable to the practice of Psychologists and Psychological Examiners. Please take the time to read these laws in the Maine Revised Statutes Annotated, including the cumulative pocket supplement found in the back of the main volume. The pocket parts contain the updated version of the relevant statutes.

Copies are available at the County Court Houses, Attorneys and City Clerk's Office, some Public Libraries and the Internet. The references listed below may be accessed through our website at www.maineprofessionalreg.org.

[Title 32, Chapter 56](#)

[Title 22, Chapter 958-A](#)

[Title 22, Chapter 1071](#)

[Title 34-B, Chapter 3 Subchapter IV](#)

Rule 503

Psychologists

Adult Protective Services Act

**Child and Family Services and Child
Protective Act**

Hospitalization of Mental Illness

Maine Rules of Evidence

Contact the Law Library at (207) 287-1600

**FOR PSYCHOLOGIST OR PSYCHOLOGICAL EXAMINER APPLICANTS
CURRENTLY HOLDING A LICENSE FROM ANOTHER STATE**

- ☐ Completed application form
 - ☐ Application fee: \$150.00
 - ☐ Criminal background record check fee \$15.00
- Payment of fees may be made in the form of a check or money order payable to Treasurer, State of Maine, or VISA or MasterCard – (see credit card authorization form)
- ☐ Documentation of supervised experience (Attachment "A") (Duplicate as needed)
 - ☐ Supplement to the application, if required (Attachment "B")
 - ☐ Three completed reference forms (Attachment "C") (Duplicate as needed)
 - ☐ Official transcripts in a sealed envelope
 - ☐ Copy of a current license
 - ☐ Verification of licensure from each state where the applicant holds or has ever held a license (Attachment "G") (Please duplicate as necessary)
 - ☐ **Exam scores must be sent directly to the Board from the Testing Company.
Call 1-800-448-4069 or 334-832-4580**
 - ☐ ✓ Check here if you wish to apply for a conditional license (see application form for further information. The fee for this license is \$150.00. A letter of agreement signed by a licensed psychologist is required. (Attachment "D")
 - ☐ ✓ Optional for Psychological Examiners, check here if you wish to apply for Intervention Services at this time. Please complete Attachment "E" and Attachment "F." You will be examined in this area before Intervention Services are approved.

**FOR PSYCHOLOGIST OR PSYCHOLOGICAL EXAMINER APPLICANTS
APPLYING FOR EXAMINATION**

- ☐ Completed application form
- ☐ Application fee: \$150.00
- ☐ Criminal background record check fee \$15.00
- ☐ Documentation of supervised experience (Attachment "A")
- ☐ Supplement to the application form, if required (Attachment "B")
- ☐ Three completed reference forms (Attachment "C")
- ☐ Official transcripts in a sealed envelope
- ☐ If you wish to apply for a temporary license (see application form for further information. The fee for this license is \$150.00. To qualify for this license you must have taken and passed the Maine Oral Examination before the Board. . A letter of agreement signed by a licensed psychologist is required. (Attachment "D")
- ☐ If you wish to apply for Psychological Examiners, check here if you wish to apply for Intervention Services at this time. Please complete Attachment "E" and Attachment "F." You will be examined in this area before Intervention Services are approved.



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Office use only

Cash # _____
4410 1446 \$150
4410 1447 \$50
4410 1421 \$300 or \$150
4410 1423 \$300 or \$150
4410 1422 \$150
4410 1425 \$150
4410 1424 \$150
4410 1426 \$150
ANNE L. HEAD
DIRECTOR

JOHN ELIAS BALDACCI
GOVERNOR

APPLICATION FORM

Payment of fees may be made in the form of a check or money order payable to Treasurer, State of Maine, or VISA or Master Card – (see credit card authorization form)

**PLACE RECENT
PHOTO HERE**

**PHOTO SHOULD
BE
APPROXIMATELY
THIS SIZE**

✓ Check appropriate box(s) for which you are applying. Do not forward the license fee at this time. Payment will be requested once you are approved by the Board for licensure. You will be notified by this Office.

- ☐ APPLICATION FEE \$150, required with this application.
- ☐ PSYCHOLOGIST LICENSE
- ☐ PSYCHOLOGICAL EXAMINER LICENSE
- ☐ ORAL EXAM FEE \$50 (Once approved you will be sent an application form to take the oral exam)

The following is optional. If eligible, you may apply for one of the following while pending approval of your permanent license as indicated above:

- ☐ TEMPORARY LICENSE - FEE \$150 (only for applicants who apply by exam)
- ☐ CONDITIONAL LICENSE - FEE \$150 (only for applicants who hold a valid license in another state as specified in 32 MRSA §3826)

Notice regarding Social Security Number Disclosure

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.

Notice regarding Public Information

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website.

| | | |
|--|----------------|-----------|
| Name: <i>(Any other names used)</i> | | |
| Contact Address: | | |
| City: | State: | Zip Code: |
| County: | Telephone #: | |
| Business Address: | | |
| City: | State: | Zip Code: |
| County: | Telephone: | |
| Social Security #: | Date of Birth: | |

AREAS OF COMPETENCE IN THE PRACTICE OF PSYCHOLOGY

In Maine, an applicant must demonstrate general competence in the field of psychology as provided by the Laws governing the practice of psychology. There are no specialty licenses granted.

Each applicant must demonstrate knowledge of general psychological principles through the successful completion of the written and oral exams. The oral exam evaluates the applicant's knowledge of ethics and his or her responsibilities within the area of training and experience.

Using the following checklist, please identify your area of competence. The board will expect the applicant, once licensed to ethically practice within the area of competence disclosed. Recognizing his or her practice boundaries, a licensed psychologist or psychological examiner, has a responsibility to assist clients with obtaining professional help for matter, which are not within his or her area of competence.

PLEASE CHECK THOSE AREAS LISTED BELOW IN WHICH YOU CLAIM COMPETENCE:

PSYCHOLOGISTS

PSYCHOLOGICAL ASSESSMENT

- ☐ ELDERLY
- ☐ ADULTS
- ☐ ADOLESCENTS
- ☐ CHILDREN

- ☐ ELDERLY
- ☐ ADOLESCENTS
- ☐ ADULTS
- ☐ CHILDREN

PSYCHOTHERAPY

- ☐ CONSULTATION
- ☐ FORENSIC
- ☐ NEUROPSYCHOLOGY
- ☐ SUBSTANCE ABUSE

PSYCHOLOGICAL EXAMINER

ASSESSMENT

- ☐ ADULTS
☐ ADOLESCENTS
☐ CHILDREN

INTERVENTION SERVICES

- ☐ CONSULTATION
☐ SOCIAL SKILLS TRAINING
☐ BEHAVIOR MANAGEMENT
☐ GROUP COUNSELING

EDUCATION INFORMATION

| NAME AND LOCATION OF INSTITUTION | DATE GRADUATED | MAJOR | DEGREE AWARDED |
|---|----------------|-------|----------------|
| HIGHEST DEGREE NAME: _____ ADDRESS: _____ CITY AND STATE: _____ EXACT TITLE OF DEPARTMENT GRANTING DEGREE: _____ MAJOR ADVISOR: _____ TITLE OF THESIS/DISSERTATION: _____ _____ | | | |

EMPLOYMENT INFORMATION

| | |
|----------------------|--|
| Name of Facility: | |
| Address of Facility: | |
| | |
| Position Held: | |
| Dates of Employment: | |

Have you ever been licensed or certified in another State or jurisdiction?

YES ☐ NO ☐

Please complete the following:

| STATE/JURISDICTION | LICENSE # AND TYPE LICENSE | DATE OF INITIAL LICENSURE | DATE OF EXPIRATION |
|--------------------|-------------------------------|---------------------------------|-----------------------|
| | | | |
| | | | |
| | | | |
| | | | |

In which State/Jurisdiction did you take the EPPP national written examination?

| State/Jurisdiction | Date Passed | Score |
|--------------------|-------------|-------|
| | | |

Have you ever failed any type of examination before any board? YES ☐ NO ☐

If Yes, please explain below:

| |
|--|
| |
| |

Please answer each question with a **YES or NO**. A separate written statement of explanation must accompany this application for each **Yes** response. HAVE YOU EVER:

1. Had any state or territory of the U.S. or province/territory of Canada or any other jurisdiction EVER deny your application for any type of examination, professional license, certificate or registration, or taken any disciplinary action against the license issued to you in that jurisdiction (including, but not limited to, warning, reprimand, fine, suspension, revocation or restrictions in permitted practice, probation with or without monitoring)? ☐ YES ☐ NO
 2. Left a regulatory jurisdiction while allegations were pending? ☐ YES ☐ NO
 3. Received a sanction from Medicare or from a State Medicaid program? ☐ YES ☐ NO
 4. Suffered from any psychiatric or addictive disorder that would impair or require limitations on your functioning as a practitioner or resulted in an inability to engage in your professional practices for more than 30 days? If yes, are you currently participating in a supervised rehabilitation program which monitors you to insure that you are not engaged in or continue in the addictive disorder.

☐ YES

☐ NO
 5. Been indicted, arrested or convicted of any criminal offense (including motor vehicle offenses, but not including minor traffic violations)? ☐ YES ☐ NO
- (If YES, please attach a detailed explanation and provide a copy of the court judgment)
6. Had hospital or similar health care institution privileges which had previously been granted to you suspended, restricted or withdrawn involuntarily; or have you ever voluntarily surrendered privileges or resigned from staff membership while under peer review?

☐ YES ☐ NO
 7. Been disciplined by a professional society or resigned while an accusation was pending?

☐ YES ☐ NO
 8. Had a pending claim or suit alleging malpractice liability, a claim settlement by negotiation/arbitration or judgment by a court in a claim of medical malpractice liability in which you are/were named as a defendant with any degree of liability including "nuisance" suits and including settlements made by your insurance

company/representatives without your express consent?

☐ YES

☐ NO

9. Applied for hospital or similar health care institution privileges, which were denied?

☐ YES ☐ NO

10. Been notified by the regulatory jurisdiction of any state or province of Canada of the existence of allegations filed with or by that jurisdiction, against which were not dismissed by a finding of that jurisdiction that the allegations were without merit? (Note: Accusations which remain open as of the date of this application and which are not confidential by law require a **YES** response and explanation.)

☐ YES ☐ NO

AUTHORIZATION FOR COMMUNICATION WITH REFERENCES

I authorize, the Maine Board of Examiners of Psychologists to obtain information concerning my candidacy from individuals, or organizations including but not limited to: the Executive Secretary of the American Association of State and Provincial Psychology Boards (ASPPB), the Ethics Officer or Ethics Committee of the American Psychological Association (APA), the Director of Ethics or Ethics Committee of the American Psychological Society (APS), any state board or national board that grants diplomas, certificates, registrations, or licenses in the field of psychology, any local, county, state, or national psychological association or society, and any other persons.

I affirm under penalties of perjury and subject to the disciplinary laws and rules of the board that all information requested in this application form has been answered and that all answers are accurate and truthful.

Printed or Typed Name of Applicant: _____

Signature of Applicant: _____

Date: _____

NOTARIZATION

Printed or Typed Name of Applicant: _____

Signature of Applicant: _____

STATE OF _____, County of _____

The foregoing instrument was acknowledged before me this _____
(Date)

Signature of Notary: _____

Name of Notary Public PRINTED _____

Notary Public, State of _____, My Commission expires on:



JOHN ELIAS BALDACCI
GOVERNOR

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04333-0035
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TTY/Hearing Impaired: (207) 624-8563

ANNE L. HEAD
DIRECTOR

VERIFICATION OF SUPERVISED EXPERIENCE
ATTACHMENT "A"

The completed form must accompany your application.

THIS FORM MUST BE RETURNED DIRECTLY TO THE APPLICANT AT THE ADDRESS BELOW:

| | |
|-----------------------------|----------------|
| Applicant's Name | |
| Applicant's Contact Address | Street |
| | City/State/ZIP |
| | Telephone # |

The following must be completed by the Supervisor. Please write legibly.

| | | | |
|--|--|-----------------|-------|
| Supervisor's Name <i>Please Print Legibly</i> | | | |
| | State Licensed: | Highest Degree: | |
| | License #: | Major Field: | |
| | Type of license held when supervision was conducted: | Contact # | Home: |
| | | | Work: |
| Supervisor's Address | Street | | |
| | City/State/ZIP | | |
| | Telephone # | | |

Continued

Applicant's Name:

| | | |
|--|---------|-------|
| Name of facility in which supervised experience of applicant took place: | | |
| Number of Professional Staff: Patient (Client/resident) population: | | |
| | Number: | Type: |
| Describe facility, types of services: | | |
| Applicant's educational level at the time the supervision occurred: | | |
| Supervision dates: | | |
| Number of hours applicant worked per week: | | |
| Number of formal supervision hours per week, e.g. group situations, open door policy, etc. | | |
| Total number of hours this person worked or trained under your direct supervision: | | |
| Applicant's duties and functions: | | |
| Please provide additional comments about the applicant's work: | | |

ASSESSMENT OF APPLICANT'S PERFORMANCE (please check one)

- ☐ Highest professional quality
☐ Highest trainee quality, but not on par with fellow professionals
☐ Adequate quality, on a par with other average trainees
☐ Marginal performance, recommend continued supervision
☐ Unacceptable level of performance, person definitely should not function independently
☐ Unacceptable functioning because of ethical or personal problems
☐ Highly variable

| | |
|------------------------|------|
| Supervisor's Signature | Date |
|------------------------|------|



JOHN ELIAS BALDACCI
GOVERNOR

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ANNE L. HEAD
DIRECTOR

PROFESSIONAL REFERENCE FORM
ATTACHMENT "C"

The completed form must accompany your application.

In accordance with Chapter 3, section 2(B) of the Board's rules, applicant's must provide three (3) reference letters from qualified professionals who are familiar with the applicant's current work. At least two (2) of these references must be from a licensed Psychologist.

THIS FORM MUST BE RETURNED DIRECTLY TO THE APPLICANT AT THE ADDRESS BELOW:

| | |
|-----------------------------|----------------|
| Applicant's Name | |
| Applicant's Contact Address | Street |
| | City/State/ZIP |

The following must be completed by the professional providing the reference. Please write legibly.

| | | |
|--|----------------|------------------|
| Name <i>Please Print Legibly</i> | | |
| Contact Address | Street | |
| | City/State/ZIP | |
| | Telephone # | |
| What type of professional license do you hold? | License #: | Expiration Date: |
| Highest Degree: | Date received: | Institution: |

Applicant's Name:

| | | | |
|---|---|---------------|---|
| At the time of your professional relationship, what position did the applicant hold? | | | |
| What duties and functions did the applicant perform? Check all that apply. | <input type="checkbox"/> Assessment/Evaluation <input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Psychotherapy/Counseling <input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Group Therapy <input type="checkbox"/> Research <input type="checkbox"/> Family/Marital Therapy <input type="checkbox"/> Teaching <input type="checkbox"/> Supervision of Others <input type="checkbox"/> Case Presentations <input type="checkbox"/> In Service Training <input type="checkbox"/> Consultation with _____ <input type="checkbox"/> Other, specify _____ | | |
| Was the frequency and intensity of the supervision? | <input type="checkbox"/> Hours per week | Or | <input type="checkbox"/> Hours per client/patient |
| Did you personally supervise this person? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, in what capacity did you know the applicant? | | | |
| How many hours per week did the applicant do professional work relevant to this application? | Hours per week | For how long? | |
| How would you rate the quality of this person's clinical work? (✓ One) | <input type="checkbox"/> Excellent <input type="checkbox"/> Acceptable <input type="checkbox"/> Unusually high <input type="checkbox"/> Average Marginal Poor <input type="checkbox"/> Better than average | | |
| In your opinion, does this person have: (Check if yes; leave blank if no) <input type="checkbox"/> High moral and ethical standards <input type="checkbox"/> Sense of commitment to client/patient welfare <input type="checkbox"/> Knowledge of own limits, and willingness to function within them <input type="checkbox"/> Personal problems that would significantly impair his/her functioning <input type="checkbox"/> Significant deficiencies in training, such that a license for the general practice of psychology should be restricted or denied | | | |

To the best of your knowledge, has the applicant (check if yes, leave blank if no):

- ☐ Completed an accredited and adequate graduate program
- ☐ Obtained a Master's degree
- ☐ Obtained a Doctoral degree
- ☐ Completed a graduate program in psychology
- ☐ Sufficient knowledge of basic science of psychology
- ☐ Sufficient knowledge of applied/professional area of psychology

Applicant's Name:

Would you have any reservations about this person being licensed for the general practice of psychology? ☐ YES ☐ NO If yes, please explain.

Please list any additional comments that would be helpful to the Board.

Supervisor's Signature

Date



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JOHN ELIAS BALDACCI
GOVERNOR

ANNE L. HEAD
DIRECTOR

LETTER OF AGREEMENT
ATTACHMENT "D"

The completed form must accompany your application.

Type of License: ☐ Temporary License or ☐ Conditional License
Application Request is for: ☐ Psychological Examiner ☐ Psychologist

| | |
|--|----------------|
| Applicant's Name | |
| Contact Address | Street |
| | City/State/ZIP |
| Supervisor's Name <i>Please Print Legibly</i> | |
| Supervisor's Address | Street |
| | City/State/ZIP |

I hereby agree that I will be responsible for the professional work of the above named applicant. I am knowledgeable of the Maine laws and rules as it applies to psychologists who practice in Maine.

I have reviewed the terms of supervision within Chapter 3, section 4(B)(6), and section 4(C)(4) of the Board's rules as it applies respectively for persons applying for a Temporary License or a Conditional License.

I understand that a minimum of one (1) hour per week of supervision is required and that additional supervisory time may be required to meet individual needs.

I will notify the Board of any significant interruptions to, or termination of, supervisory arrangements. I will further insure that supervisory responsibilities of the applicant will be transferred to another licensed psychologist who agrees, in writing, to accept such responsibility.

| | |
|------------------------|------|
| Supervisor's Signature | Date |
| Applicant's Signature | Date |



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04333-0035

JOHN ELIAS BALDACCI
GOVERNOR

ANNE L. HEAD
DIRECTOR

FOR PSYCHOLOGICAL EXAMINERS ONLY

Application To Provide Intervention Services Under Supervision
Attachment "E"

Fee: \$25.00. Make payable to Treasurer, State of Maine. If paying by credit card, please submit the enclosed authorization form with your application.

| | |
|---|----------------|
| Applicant's Name | |
| Contact Address | Street |
| | City/State/ZIP |
| Psychological Examiner License #, if applicable | |

Please list intervention privilege(s) being requested:

On a separate sheet of paper provide the following information in the format given below.

1. A detailed description of the type of service(s), population and settings you propose to provide.
2. List relevant education and training. Include names of teachers and supervisors and documentation of your work.
3. List relevant experience, and include names of supervisor(s).
4. List the name and address of two licensed psychologists who are familiar with your work in the area for which privileges are sought.

| | |
|-----------------------|------|
| Applicant's Signature | Date |
|-----------------------|------|



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FOR PSYCHOLOGICAL EXAMINERS ONLY

JOHN ELIAS BALDACCI
GOVERNOR

ANNE L. HEAD
DIRECTOR

Supervisor's Letter Of Agreement To Provide Supervision
For Intervention Services Of A Psychological Examiner

Attachment "F"

This form must accompany Attachment "E"

I, _____, agree to provide supervision to
_____ for intervention privileges of

In making this agreement, I agree to abide by the rules established by the Board of Examiners of Psychologists as stated in the Rules. I accept responsibility for both myself and the psychological examiner to ensure that the scope, limits, and supervised nature of intervention services are accurately communicated to the public. I am responsible for all intervention services provided by the supervisee, and that it is my responsibility to protect the welfare of the client and the supervisee.

I further understand that the Board shall determine whether I am qualified by education, training and experience to supervise the specific intervention services. This will be done on a basis of the Board file and any additional information that I submit.

If, for any reason, I must terminate my supervisory agreement or alter the conditions, I must inform the Board in writing of the change.

I have agreed to provide a minimum of _____ hour(s) of supervision for every _____(s) of intervention.

Supervisor's Signature _____ License # _____

As a psychological examiner requesting the intervention privileges, I accept the terms of the above agreement and fully agree to abide by the Board of Examiners of Psychologists laws and rules.

Applicant's Signature _____ License # _____

This agreement is approved by the Board of Examiners of Psychologists:

Board Chair

Date



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GOVERNOR

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ANNE L. HEAD
DIRECTOR

VERIFICATION OF LICENSURE
ATTACHMENT "G"

Please submit this form to the State where you hold or have held a license. Do not complete any part of this form except where noted. This form must be completed by the State Licensure Board and must be sent to this Office together with your application and other supporting documents. **This document will NOT be accepted if it is a copy, defaced or altered, or not accurately completed in full.**

THIS SECTION TO BE COMPLETED BY THE APPLICANT – Print Legibly

| | | |
|-----------------|--------|-----------|
| Full Name | | |
| Contact Address | | |
| City: | State: | Zip Code: |

➔ **THIS SECTION TO BE COMPLETED BY THE STATE LICENSING BOARD OR JURISDICTION ONLY**

| | | |
|---|-------------------------------|--|
| Type License Held: <input type="checkbox"/> Psychologist <input type="checkbox"/> Psychological Examiner | | |
| License Number | Expiration Date | First Issue Date |
| Is the applicant currently licensed? | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Has your state or territory of the U.S. or province/territory of Canada EVER denied this person's application for any type of professional license, certificate or registration, or taken any disciplinary action against the license issued (including, but not limited to, warning, reprimand, fine, suspension, revocation or restrictions in permitted practice, probation with or without monitoring)? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please attach a copy of any board order issued or consent agreement, or a separate letter with details. | | |
| Are there any pending complaints against the applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> We can neither confirm nor deny the existence of a pending complaint. If yes, please explain. | | |
| AFFIX STATE SEAL HERE | Signed: | |
| | Printed Name: | |
| | STATE COMPLETING THIS FORM | |

| | | |
|--|---------------------------------------|------|
| | Signature and Title of State Official | Date |
|--|---------------------------------------|------|



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

JOHN ELIAS BALDACCI
GOVERNOR

Tel: (207) 624-8600 Fax: (207) 624-8637
TTY/Hearing Impaired (207) 624-8563

ANNE L. HEAD
DIRECTOR



AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

| | | |
|--|---------------------|------------------|
| Name: (applicant fees being paid for) | | |
| Contact Address: (applicant fees being paid for) | | |
| City: | State: | Zip Code: |
| County: | Telephone #: | |
| Name of cardholder: (if other than applicant) | | |
| Contact Address: (if other than applicant) | | |
| City: | State: | Zip Code: |

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

☐ Visa ☐ MasterCard _____

Card number

Expiration date: ____/____/____ in the amount of: \$ _____

Signature: _____ Date: ____/____/____



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JOHN ELIAS BALDACCI
GOVERNOR

ANNE L. HEAD
DIRECTOR

ACCOMMODATION REQUEST FORM

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission

Name: _____

Contact _____

Address: _____

Accommodations Requested for the _____ Examination.

Disability _____

Please check all that apply

- ☐ Accessible Testing Site
- ☐ Separate Testing Site
- ☐ Braille
- ☐ Large Print
- ☐ Tape
- ☐ Reader as Accommodation for Visual Impairment
- ☐ Scribe/Amanuensis as Accommodation for Visual or Motor Impairment
- ☐ Reader as Accommodation for Learning Disability
- ☐ Scribe/Amanuensis as Accommodation for Learning
- ☐ Sign Language Interpreter
- ☐ Extended Time
 - ☐ Time-and-a-half
 - ☐ Double time
 - ☐ More than double time (specify) _____
- ☐ Use of Computer or Other Adaptive Equipment (specify) _____

☐

Other:

Signed and dated:

DOCUMENTATION OF DISABILITY RELATED NEEDS

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

If you have existing documentation of having the same or similar accommodation provided to you in another test situation, you may submit such documentation instead of having this portion of the form completed.

I have known _____ since _____ in my
capacity as a

(Test applicant)

(date)

(Professional title)

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, providing the following should accommodate him/her: (check all types)

☐

Taped test

☐

Large print test

☐

Reader

☐

Scribe/amanuensis

☐

Extended time

☐

Time-and-a-half

☐

Double time

☐

More that double time (please justify) _____

☐

Separate Testing Area

☐

Use of Computer or Other Adaptive Equipment (please specify) _____

☐

Other (please specify) _____

Signed: _____ **Title:** _____

Date: _____ **License # (if applicable):** _____

**BOARD OF EXAMINERS OF PSYCHOLOGISTS-SUPPLEMENT TO THE APPLICATION
ATTACHMENT "B"**

(If you are a graduate of an APA approved Program at the time the degree was awarded or if you are applying for licensure at the psychological examiner level, you **do not** have to complete this form)

PLEASE DOCUMENT THE COURSES (BY NUMBER AND TITLE) THAT YOU TOOK FOR GRADUATE CREDIT THAT COVER THE FOLLOWING CORE AREAS IN PSYCHOLOGY.

| <u>CORE AREAS</u> | <u>MINIMUM REQUIRED HOURS</u> | <u>COURSE, TITLE & NUMBER</u> |
|--|--------------------------------------|--|
| <i>Biological Basis</i> | 3-6 | _____ |
| | | _____ |
| | | _____ |
| <i>Cognitive/Affective</i> | 3-6 | _____ |
| | | _____ |
| | | _____ |
| <i>Social Basis of Behavior</i> | 3-6 | _____ |
| | | _____ |
| | | _____ |
| <i>Individual Basis of Behavior</i> | 3-6 | _____ |
| | | _____ |
| | | _____ |
| <i>Research/Statistics</i> | 3-6 | _____ |
| | | _____ |
| | | _____ |
| <i>Assessment</i> | 3-6 | _____ |
| | | _____ |
| | | _____ |
| <i>Ethics/Standards of Practice</i> | 3-6 | _____ |
| | | _____ |
| | | _____ |

NOTE: The minimum total number of hours in these areas is 36